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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>  |  | Attorney Docket No. 251010US2SRD<br>First Inventor or Application Identifier Takuya KAWAMURA<br>Title WIRELESS COMMUNICATION APPARATUS, WIRELESS COMMUNICATION METHOD, AND COMPUTER PROGRAM |
| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents</small>  |  | PTO<br>Commissioner for Patents<br><b>ADDRESS TO:</b> Mail Stop Patent Application<br>Alexandria, Virginia 22313<br><br>17548 080721<br>17548 080721  |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17)<br><small>(Submit an original and a duplicate for fee processing)</small>   |  | <b>ACCOMPANYING APPLICATION PARTS</b>   |
| 2. <input checked="" type="checkbox"/> Specification Total Sheets <span style="border: 1px solid black; padding: 2px;">65</span>   |  | 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))   |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets <span style="border: 1px solid black; padding: 2px;">12</span>  |  | 8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76  |
| 4. <input type="checkbox"/> Oath or Declaration Total Pages <span style="border: 1px solid black; padding: 2px;"> </span> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d))<br/> <small>(for continuation/divisional with box 17 completed)</small> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br/> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small></li> </ul> </li> </ul> |  | 9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of<br><small>(when there is an assignee)</small> <input checked="" type="checkbox"/> Attorney       |
| 5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  |  | 10. <input type="checkbox"/> English Translation Document (if applicable)   |
| 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br><small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification or Sequence Listing on :           <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul>  |  | 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS<br><small>Citations (2)</small>                   |
| 17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:  |  | 12. <input type="checkbox"/> Preliminary Amendment  |
| <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)  |  | of prior application no.:   |
| Prior application information: Examiner:   |  | Group Art Unit:   |
| For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.  |  |   |
| <b>18. CORRESPONDENCE ADDRESS</b>  |  |   |
| Customer Number<br><b>22850</b><br>(703) 413-3000<br>FACSIMILE: (703) 413-2220   |  |   |

|            |   |                   |               |
|------------|---|-------------------|---------------|
| Name:      | Marvin J. Spivak  | Registration No.: | 24,913        |
| Signature: |  |                   | Date: 3/24/04 |
| Name:      | Registration No.:   |                   |               |

**C. Irvin McClelland**  
Registration Number 21,124

032404  
13281  
U.S.  
PTO

Docket No. 251010US2SRD

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Takuya KAWAMURA

SERIAL NO: New Application

FILING DATE: Herewith

FOR: WIRELESS COMMUNICATION APPARATUS, WIRELESS COMMUNICATION METHOD, AND COMPUTER PROGRAM

## FEE TRANSMITTAL

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

| FOR  | NUMBER FILED | NUMBER EXTRA | RATE                        | CALCULATIONS |
|--|--------------|--------------|-----------------------------|--------------|
| TOTAL CLAIMS   | 24 - 20 =    | 4            | x \$18 =                    | \$72.00      |
| INDEPENDENT CLAIMS   | 3 - 3 =      | 0            | x \$86 =                    | \$0.00       |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)   |              |              | + \$290 =                   | \$0.00       |
| <input checked="" type="checkbox"/> LATE FILING OF DECLARATION       |              |              | + \$130 =                   | \$130.00     |
|  |              |              | BASIC FEE                   | \$770.00     |
|  |              |              | TOTAL OF ABOVE CALCULATIONS | \$972.00     |
| <input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY |              |              |                             | \$0.00       |
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| <input type="checkbox"/> RECORDATION OF ASSIGNMENT                   |              |              | + \$40 =                    | \$0.00       |
|  |              |              | TOTAL                       | \$972.00     |

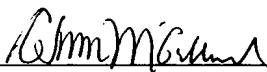
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A check in the amount of to cover the filing fee is enclosed.

Credit card payment form is attached to cover the filing fee in the amount of **\$972.00**

The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBTON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.Date: 3/24/04  
Marvin J. Spivak  
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